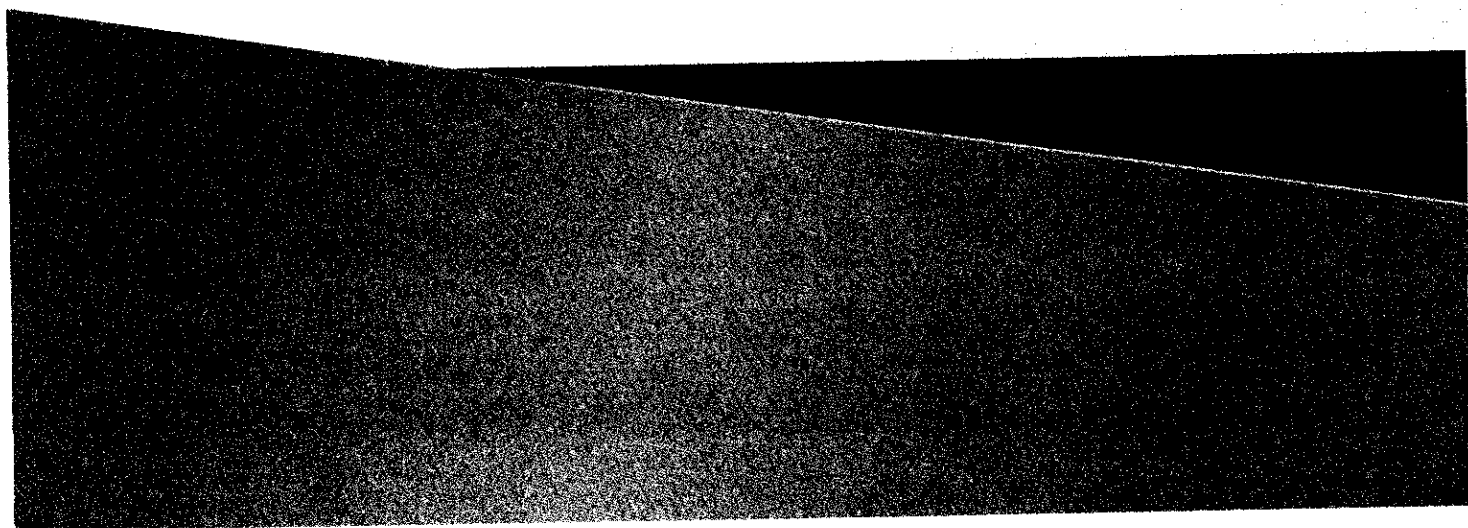




Behavioral Health Services

Behavioral Health Oversight Commission Meeting
System Reform Progress Report
July 24, 2008

The **vision** for the Region 3 Behavioral Health System is one in which individuals who experience a mental illness and/or substance abuse or dependence disorder will have access to effective treatment and supports and will recover and be embraced as productive and active members of their community.



Region 3 System Transformation

- › Began in mid-1990s with *redesign* efforts to *right size* the system
- › HRC 200+ consumers (majority were from Region 3)
- › Resolve and commitment to transformation
 - Strategic planning
 - Collaborative discharge planning
 - Assertive Community Treatment (ACT) development
 - Short-Term Residential development
 - Other community-based services
- › 2004 at Onset of Behavioral Health Reform 50 consumers of mental health services from all Regions served at HRC

Region 3 System Transformation

- › What we set out to do...
 - The reduction in the utilization of Regional Center services
 - The increased utilization of community-based services and community tenure
 - Improve community-based response to individuals experiencing a psychiatric crisis
- › What came as a result of our Recovery Campaign...
 - Increased consumer self-direction of recovery, engagement, and inclusion
 - The expansion of Peer Support throughout various levels of care

Behavioral Health Reform Funding

Region 3 has utilized Behavioral Health Reform as an opportunity to further the work of system transformation that began in the mid 1990s.

One component missing in redesign efforts was the funding to follow consumers to community-based services.

Behavioral Health Reform has provided an infusion of funds at the community level to develop new and expanded services and system coordination in Region 3

- FY04 Funding (State, Federal and County) = \$6,991,332
- FY09 Funding (State, Federal and County) = \$12,787,113
 - \$11,587,278 ongoing funding
 - \$1,199,835 in annual rate increases from FY06 – FY09
- \$1,854,300 transferred to Region 3 in May 2008 for targeted projects to further enhance the system
 - \$1,538,550 one-time funding
 - \$250,000 continuation funding for services (Dual Dx Residential, Therapeutic Community for Women and Children and Peer Support)
 - \$65,750 for Emergency Psych System Consultation and Youth Emergency Community Support

Goal 1: Regional Center replacement services:

Community-Based Hospitals willing to partner in reform

- Investment in acute inpatient services provided by Richard H. Young Hospital in Kearney and Mary Lanning Memorial Hospital in Hastings
- Average length of stay reduced from 20+ days to 7.1 days
- Subacute inpatient services provided by RYH serving the entire Region 3 area.
- 82% decrease in the utilization of Regional Center beds
 - 49 Region 3 consumers served in HRC, LRC and NRC at beginning of reform activities
 - As of July 22, 2008
 - 1 Region 3 consumer served at NRC
 - 8 consumers served at LRC

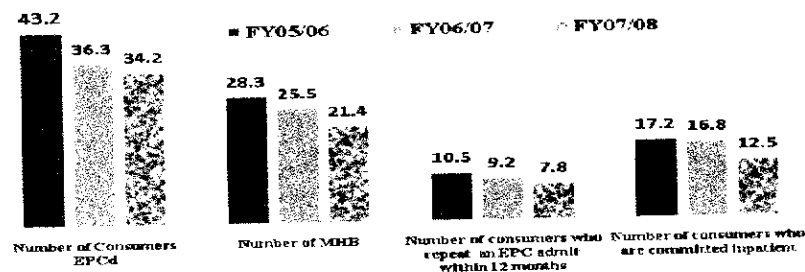
Goal 2: Transition consumers from Regional Centers to the community and increase community tenure

- 45% increase in the utilization of community-based services
- New and expanded community-based behavioral health services (non-emergency) include:
 - Dual Diagnosis Residential Treatment
 - Short-Term Residential Treatment
 - Psych Residential Rehabilitation
 - Halfway House for males
 - Therapeutic Community for women and children
 - Assertive Community Treatment
 - Day Rehabilitation
 - Community Support (Mental Health and Substance Abuse)
 - Medication Management
 - Housing Assistance Program
 - Telemedicine
 - Peer Support

Goal 3: Improve community-based response to consumers experiencing a psychiatric crisis :

(July 1, 2004 – April 30, 2008)

Region 3 Emergency System Monthly Averages for EPC, MHB, Inpatient Mental Health Commitments and Repeat EPCs FY05-FY08



New and Expanded Crisis Service Array

- ▶ New and expanded community-based emergency behavioral health services include:
 - Emergency System Coordination
 - Acute Inpatient
 - Subacute Inpatient
 - Crisis Response Teams
 - Triage Center
 - Emergency Community Support
 - Youth Emergency Community Support
 - Urgent Medication Management
 - Urgent Outpatient
 - Crisis Respite/Voluntary Inpatient
 - Crisis Stabilization
 - Medically Supported Detox

Consumer Inclusion & Recovery

- ▶ **Regional Consumer Specialist position implemented in January 2007**
 Serves in a leadership role in the day-to-day operations of Region 3 and provides leadership, coordination, and encourages the meaningful inclusion of consumers and their families in all aspects of the behavioral health system.
- ▶ **Expansion of Peer Support Services in various levels of care and service types:**
 - Goodwill Industries of Greater Nebraska**
 - Day Rehabilitation
 - Day Support
 - Supported Employment
 - Mid-Plains Center for Behavioral Healthcare Services**
 - Crisis Stabilization Unit
 - Richard Young Hospital**
 - Subacute
 - Medication Management/Outpatient Clinic
 - South Central Behavioral Services**
 - Assertive Community Treatment
 - Day Rehabilitation
 - Intensive Outpatient and Outpatient Treatment

Continuing System Transformation in FY09

- Through the transformation of the Region 3 system over the past four years Region 3 can now distribute funds across the service array to assure the needs of consumers and their families are met through:

Improved access to and increased capacity of all levels of care to better meet service demand and assist with continuity between levels of care and supportive services.

Improved service efficacy

Improved consumer satisfaction, engagement, and inclusion

Increased opportunities for consumers self-directing their own recovery

Individualized services for consumers with specialized needs, i.e., Nursing Home and Assisted Living Facility level of care.